

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390223</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>07/10/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>PENN PRESBYTERIAN MEDICAL CENTER</b>  STATE LICENSE NUMBER: <b>421101</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>51 NORTH 39TH STREET PHILADELPHIA, PA 19104</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

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P 0000	Continued from page 1  This report is the result of a virtual occupancy survey conducted on July 10, 2023, at Penn Presbyterian Medical Center which included replacement equipment installation consisting of an adjustable Medical Service and Utilities Ceiling Mounted Unit (BOOM-F340) with medical gases and electrical outlets and a Ceiling Mounted Exam Light Unit (LCN4) located in patient Room 201, Myrin Building, Medical Intensive Care Unit (MICU), second floor. Penn Presbyterian Medical Center is granted conditional approval to progress with the same installation of replacement equipment for MICU Rooms 202 through 212, with a completion date of December 31, 2023. Based on the virtual occupancy survey conducted, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.	P 0000			

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P 0000	Continued from page 2  Occupancy is granted pending facility approval by the Division of Safety Inspection.	P 0000			



# Certified End Page

**PENN PRESBYTERIAN MEDICAL CENTER**

**STATE LICENSE NUMBER: 421101**

**SURVEY EXIT DATE: 07/10/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY